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Annual Membership Application/Renewal

Membership term: July 1st, 2024 -- June 30th, 2025

Please verify your personal information and make any additions and **corrections** below. *Please Print.*

Name _____

Home Address _____

City _____ State ____ ZIP Code _____

Primary Class _____ Primary Degree _____

Phone _____

E-Mail _____

Withhold my name from outside organizations

Please consider making an additional contribution in support of Baruch College Alumni Association programs and events.

▶ **BCAA Class Membership Dues** \$ _____

Annual Membership: \$55 if you graduated within the past 5 years.

Annual Membership: \$65 if you graduated six years and beyond.

▶ **Additional BCAA Contribution *** \$ _____

▶ **ENTER TOTAL AMOUNT HERE** \$ _____

* Contributions made to the BCAA are not intended for Baruch College Fund.

Please make checks payable to the Baruch College Alumni Association, or you may charge your dues.

Check enclosed

MasterCard VISA American Express

Card Number _____

Expiration Date _____

Billing Address ZIP Code _____

Cardholder's Name _____

Cardholder's Signature _____

Dues and contributions are fully tax deductible to the extent allowed by law. Scan here for online connection to the BCAA Website and online payment

THANK YOU FOR YOUR SUPPORT!

